



**HARFORD COUNTY
DEPARTMENT OF PUBLIC WORKS
STORMWATER ENHANCEMENT PROGRAM GUIDELINES**

1. The purpose of the matching grant program is to fund projects that provide water quality and habitat creation through landscaping.
2. The following types of organizations may apply for funding: homeowner associations, property owner associations, and commercial landowners.
3. Previously funded associations or owners are eligible for funding in subsequent fiscal years if they have been successful in implementing current projects.
4. All levels of funding may be considered up to a \$5,000 limit.
5. This is a reimbursable, matching grant program. For every dollar awarded, the Grantee must spend at least one dollar toward the project. Matching funds must be cash (not volunteer labor, etc.) For example, if Harford County provides your organization with an award of \$2,000, your organization must contribute a minimum of \$2,000 toward the project. If your organization wishes to do so, it may contribute more.
6. Eligible projects will be considered on case by case basis but must be part of an overall strategy that supports the purpose of the stormwater management program.
7. Grant applications will be submitted to the Department of Public Works Water Resources Planning and Engineering staff for review. Grant applications shall include a landscaping plan with plants chosen from the 2000 Maryland Stormwater Design Manual, Landscaping Guidance for Stormwater BMPs and a cost proposal from a landscaping company completed within the last three (3) months. Incomplete or inappropriate applications will be returned.
8. The applicant must identify a contact person who will be responsible for the project and who has the authority to make decisions for the homeowner or property owner association.
9. The applicant must provide a copy of the federal tax identification number card issued by the Internal Revenue Service for the applicant/organization.
10. The landscaping plan shall show the following:
 - Plan view of facility
 - Contours
 - Location and quantity of plantings
 - Plant descriptions

11. Water Resources Planning and Engineering staff will make funding decisions.

The criteria that will be used to determine the grant recipients will be as follows:

- Past maintenance compliance of the stormwater management facility
 - Landscapers on the County's approved stormwater distribution list or submission of documentation showing their familiarity with stormwater management maintenance requirements
 - Landscaper to provide 1 year guarantee for proposed plantings
 - Water quality benefits associated with the proposed design
 - Reduction of maintenance costs expected from proposed design
 - Increase aesthetic value
12. Upon completion of the project the grantee will submit a copy of the final invoice, proof of payment and the final report. The facility will be inspected by DPW and payment will be provided to the grantee.

Because grantees are required to provide at least one dollar for every dollar awarded, the Grantee will be reimbursed for one half of total expenditures not to exceed the grant award

If the invoice is less than award plus match, the Grantee will be reimbursed one half of invoice. For example, if the Grantee is awarded \$2,000 but the total invoice is \$3,000, the Grantee will contribute \$1,500 and will be reimbursed \$1,500.

If the invoice is higher than award plus match, the Harford County can only provide reimbursement equal to the award. The grantee must pay the difference. For example, if the Grantee is awarded \$2,000 but the invoice is \$6,000, it can only be reimbursed a maximum of \$2,000. The Grantee must pay the balance of \$4,000.

13. If funds are not expended within one (1) year of acceptance by Grantee of the grant award, the approval will be rescinded unless the grantee requests an extension approved by Water Resources Engineering.

STORMWATER ENHANCEMENT PROGRAM GRANT APPLICATION

- a. Name of Group: _____
- b. Address: _____

- c. Telephone Number: _____
- d. Name of Authorized Person: _____
- e. Federal Identification Number: _____
- f. Telephone Number: _____
- g. Facility Location: _____
- h. Provide the following information:
- Landscaping plan for the project you or your association is requesting funding.
 - Landscaper's knowledge and experience of storm water management facilities
 - Anticipated water quality benefits, reduction in maintenance costs and aesthetic impact
 - Cost proposal from landscaping company
 - Tentative start and completion date
 - Reasons for requesting grant . i.e. Water quality, difficulty maintaining slopes

**HARFORD COUNTY
DEPARTMENT OF PUBLIC WORKS
WATER RESOURCES PLANNING AND ENGINEERING**

CONDITIONS OF GRANT AWARD

GRANTEE:

AWARD NUMBER:

AMOUNT OF AWARD:

AWARD PERIOD:

GENERAL CONDITIONS:

The Grantee agrees to comply with the following terms and conditions:

1. Funds provided under this grant must be used to accomplish the program as stated in the Grantee's application.
2. Any changes to the project must be in writing and approved by DPW.
3. Harford County may observe the development of the project.
4. The Grantee acknowledges it not acting as an agent for Harford County, but as an independent contractor and agrees to hold harmless and indemnify Harford County, its employees, agent and volunteers from any liability arising from project(s) funded from this grant.
5. Harford County may terminate this agreement at will, prior to the commencement of work, upon seven (7) days written notice.
6. The Grantee agrees to incorporate the General Conditions and to provide a copy of these Conditions to all persons with whom the Grantee contracts with respect to the grant award.
7. If funds are not expended within one (1) year of acceptance by Grantee of the grant award, the approval will be rescinded unless the grantee requests an extension approved by Water Resources Engineering.
8. The Grantee agrees to perform all work in accordance with the landscaping plan submitted by Grantee and approved by the County, which is incorporated herein.

FOR HARFORD COUNTY:

GRANTEE ACCEPTANCE:

David R. Craig

Signature of Authorized Person

Date

Typed Name, Title & Date

**HARFORD COUNTY
DEPARTMENT OF PUBLIC WORKS
WATER RESOURCES PLANNING AND ENGINEERING**

FINAL REPORT

Grantee: _____

Grantee Address: _____

Name of Person Completing This Report: _____

Telephone Number: _____

Federal Identification Number: _____

Answer the following questions briefly but completely; attach additional sheets if necessary.

1. What difficulties, if any, have you encountered?
2. Provide any other information you feel is important for DPW to know in order to fund future projects:
3. Will you or your organization be applying for funding for on-going phases?
_____ yes _____ no
4. How have the goals of the project identified in the grant application been achieved?
5. Attach a copy of the invoice and proof of payment to this report. After inspection of the facility, a check will be sent to the grantee at the address on this report. Reimbursement will be for the grant award or 50% of the invoice, whichever is less.

CERTIFICATION: I certify that to the best of my knowledge the information above is correct and all expenses are in accordance with the grant conditions.

Signature of Individual Preparing Report: _____

Typed Name & Title: _____ **Date:** _____

RETURN TO: DEPARTMENT OF PUBLIC WORKS WATER RESOURCES AND ENGINEERING
212 SOUTH BOND STREET, 3rd FLOOR, BEL AIR, MARYLAND 21014